



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

DOCKET NO: H-11	BOARD MEETING: April 17, 2012	PROJECT NO: 12-013	PROJECT COST: Original: \$38,643,937
FACILITY NAME: Swedish American Regional Cancer Center		CITY: Rockford	
TYPE OF PROJECT: Non substantive			HSA: I

PROJECT DESCRIPTION: The applicant (Swedish American Hospital) is proposing the construction of an free standing outpatient cancer center in 63,533 GSF of space in Rockford, Illinois at a cost of \$38,643,937.



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EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicant (Swedish American Hospital) is proposing the construction of a free standing outpatient cancer center in 63,533 GSF of space in Rockford, Illinois at a cost of \$38,643,937. **The anticipated project completion date is June 30, 2014.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project is by or behalf of a hospital and exceeds the capital expenditure minimum of \$11,885,440.

PURPOSE OF THE PROJECT:

- The purpose of the project is to consolidate the cancer treatment program of the hospital from three separate sites into one facility for outpatient services.

NEED:

- An applicant proposing to add clinical services other than category of service must document that the:
 - That the proposed service will provide service to the planning area residents
 - That there is demand for the services
 - That the service will not impact other area providers

BACKGROUND:

- The applicants last appeared before the State Board in October 2004 and were approved to construct a four-story plus basement building that will contain ancillary services, a replacement 30-bed ICU/CCU department, 64 replacement medical-surgical beds, and mechanical and support space. The building will be attached to the hospital by two connecting links. As part of the project, the facility's med/surg capacity will be reduced by 40 beds to 199 med/surg beds. **The project was completed in March 2007 at a cost of \$49.2 million.**

COMPLIANCE:

- The applicants have had no adverse actions in the past three years and are in compliance with all of the State Board's reporting requirements.

PUBLIC HEARING/COMMENT

- No public hearing was requested and no letters of opposition were received by the State Board Staff. Letters of support were received by the State Board Staff.

FINANCIAL AND ECONOMIC FEASIBILITY:



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- The applicants have an A bond rating and have provided evidence of that along with audited financial statements. See pages 79-86 of the application for permit for the bond ratings

CONCLUSION:

- The applicant proposes to construct an outpatient cancer center in 65,533 GSF of space housing diagnostic imaging, radiation therapy, medical oncology, laboratory, and pharmacy. Two linear accelerators will also be included in the new building. The proposed project will consolidate the cancer treatment program of the hospital from three separate sites into one facility for outpatient services. The University of Wisconsin will be providing staff and medical expertise. The University will not have any ownership role nor will they provide any funding nor are they an applicant on this application. The applicant exceeds the State Board size standard and the State Board Standard for construction cost for medical buildings.

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
Criterion 1110.234 (a) - Size of Project	The applicant exceeds the size standard for medical oncology, radiation oncology, and medical imaging. The applicants state <i>"this difference is explained by the fact that a PET Scanner is proposed and it is necessary to develop a "Hot Lab" to support this unit. This space is not normally included in the State Norm and as such justifies the excess square footage. The Radiation Oncology Department square footage exceeds the State Norm by approximately 7,600 GSF when compared to the State Norm. The proposed department size was developed by utilizing benchmarks for other similar projects across the country. This space is similar to other freestanding Cancer Treatment Centers previously approved by the State Board."</i>
Criterion 1110.140(c) - Reasonableness of Project Costs	The applicant exceeds the new construction and contingency standard for a medical building. The applicant stated <i>"The State Staff used the RS Means 3rd quartile for Medical Office Buildings rather than the Hospital 3rd Quartile. The proposed construction is much more closely related to the hospital standard than the Medical Office Building standard due to the departments</i>



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State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
	<i>involved in the project and the construction needs for those departments. Radiation Therapy Equipment and Medical Imaging Equipment require a much higher construction cost than simply building routine office space."</i>



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STATE AGENCY REPORT
Swedish American Regional Cancer Center
PROJECT #09-013

Applicant	Swedish American Hospital
Facility Name	Swedish American Hospital
Location	Rockford
Application Received	February 2, 2012
Application Deemed Complete	February 2, 2012
Review Period Ended	April 2, 2012
Public Hearing Requested	No
Can Applicant Request Deferral	Yes

I. The Proposed Project

The applicant (Swedish American Hospital) is proposing the construction of an free standing outpatient cancer center in 63,533 GSF of space in Rockford, Illinois at a cost of \$38,643,937.

II. Summary of Findings

- A. The State Agency finds the proposed project does not appear to be in conformance with the provisions of Part 1110.
- B. The State Agency finds the proposed project does not appear to be in conformance with the provisions of Part 1120.

III. General Information

The applicant is Swedish American Hospital. Swedish American Hospital owns Swedish American Medical Center in Belevidere. Swedish American Hospital will be the Operating Entity/Licensee and the owner of the site. The hospital is located in Rockford in the HSA-I hospital service area. HSA I is comprised of the Illinois Counties of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago. The Regional Cancer Center will be located at 3535 North Bell School Road in Rockford, Illinois. Per 77 IAC 1110.40 this is a non substantive project subject to both a Part 1110 and Part 1120 review. **The anticipated project completion date is June 30, 2014.**



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Letters of Support and Opposition:

A public hearing was offered on this project; however, no hearing was requested. Letters of support were received. No letters of opposition were received by the State Board Staff. Project obligation will occur after permit issuance.

At the conclusion of this report is the 2010 Annual Hospital Quesitonnaire with utilization and financial data. Table One outlines the applicants' Charity Care and Medicaid information for the past 3 years. Table Two outlines the applicants's charity care for FY2009-FY2011. A safety net impact statement was not required because this project is a non-substantive project and is not a discontinuation.

TABLE ONE			
Swedish America Hospital			
Medicaid and Charity Care Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	FY 2008	FY 2009	FY 2010
Inpatient	797	787	534
Outpatient	7,084	6,671	6,082
Total	7,881	7,458	6,616
Charity (cost in dollars)			
Inpatient	\$2,785,786	\$3,664,440	\$4,480,693
Outpatient	\$1,489,230	\$2,723,657	\$3,954,490
Total	\$4,275,016	\$6,388,097	\$8,435,183
% of Charity Care to Net Revenue	1.23%	1.68%	2.10%
Medicaid			
Medicaid (# of patients)	FY 2008	FY 2009	FY 2010
Inpatient	4,009	4,288	4,373
Outpatient	35,820	44,512	49,902
Total	39,829	48,800	54,275
Medicaid (revenue)			
Inpatient	\$24,326,626	\$27,026,888	\$35,720,296



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TABLE ONE			
Swedish America Hospital			
Medicaid and Charity Care Information per PA 96-0031			
Outpatient	\$5,648,408	\$6,721,298	\$9,598,617
Total	\$29,975,034	\$33,748,186	\$45,318,913
% of Medicaid to Net Revenue	8.64%	8.89%	11.27%

TABLE TWO			
Charity Care			
Swedish American Hospital			
	2009	2010	2011
Net Patient Revenue	\$347,020,000	\$379,607,000	\$402,201,000
Amount of Charity Care (Charges)	\$22,143,768	\$31,699,524	\$43,799,018
Cost of Charity Care	\$6,388,097	\$8,435,183	\$11,342,433
% of Charity Care to Net Patient Revenue	1.84%	2.22%	2.82%

IV. The Proposed Project - Details

The applicant proposes to construct an outpatient cancer center in 65,533 GSF of space housing diagnostic imaging, radiation therapy, medical oncology, laboratory, and pharmacy. The proposed project will consolidate the cancer treatment program of the hospital from three separate sites into one facility for outpatient services. Two of the sites are in leased space and that space will not be renewed at the completion to this project. The hospital space that is vacated will be used for offices and education space.

V. Project Costs and Sources of Funds

The proposed project is being funded with a bond issue of \$38,643,937. Table Three outlines the project's costs and uses of funds. The State Agency notes the project has both clinical and non-clinical components.

TABLE THREE
Project Costs and Sources of Funds
Project Costs



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TABLE THREE			
Project Costs and Sources of Funds			
	Clinical	NonClinical	Total
Preplanning	\$192,920	\$72,080	\$265,000
Site Survey and Soil Investigation	\$12,740	\$4,760	\$17,500
Site Preparation	\$873,600	\$326,400	\$1,200,000
New Construction	\$16,137,509	\$6,029,399	\$22,166,908
Contingencies	\$1,612,950	\$602,641	\$2,215,591
Architectural and Eng. Fees	\$1,335,880	\$499,120	\$1,835,000
Consulting Fees	\$473,200	\$176,800	\$650,000
Movable of Other Equipment	\$7,537,000		\$7,537,000
Bond Issuance Expense	\$602,493	\$225,107	\$827,600
Net Interest Expense During Construction	\$1,186,158	\$443,180	\$1,629,338
Other Costs to be Capitalized	\$218,400	\$81,600	\$300,000
Total	\$30,182,850	\$749,887	\$38,643,937
Sources of Funds			
Bond Issue	\$30,182,850	\$8,461,087	\$38,643,937
Total	\$30,182,850	\$8,461,087	\$38,643,937

The State Board Staff notes itemization of the line amounts in Table One can be found at page 27 of the application for permit.

VI. Cost/Space Requirements

Table Four displays the project's cost/space requirements for the clinical portion only. The clinical portion comprises approximately 78% of the cost and approximately 73% of the GSF; while the non-clinical portion comprises approximately 22% of the cost and approximately 27% of the GSF. The definition of non-clinical as defined in the Planning Act [20 ILCS 3960/3] states, "non-clinical service area means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving treatment at the health care facility."



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TABLE FOUR
Cost Space Chart

Department/Area	Cost	Existing	Proposed	New Construction	Remodeled
Medical Imaging	\$1,695,910	0	3,465	3,465	0
Radiation Oncology	\$6,081,718	7,897	12,432	12,432	7,897
Medical Oncology	\$13,181,059	21,990	26,931	26,931	21,990
Laboratory	\$916,295	0	1,866	1,866	0
Pharmacy	\$770,868	0	1,575	1,575	0
Equipment	\$7,537,000	0			0
Subtotal Clinical	\$30,182,850	29,887	46,269	46,269	29,887
Administrative Education	\$3,753,677	0	7,659	7,659	0
Public Access	\$2,599,980	0	5,305	5,305	0
Staff Areas	\$2,107,430	0	4,300	4,300	0
Subtotal Non Clinical	\$8,461,087	0	17,264	17,264	0
Total	\$38,643,937	29,887	63,533	53,533	29,887

VII. 1110.230 - Project Purpose, Background and Alternatives

A. Criterion 1110.230(a) - Background of Applicant

The criterion reads as follows:

- "1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character, to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPB shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be



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owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

The applicant provided a list of all health care facilities currently owned and/or operated by the applicant, including licensing, certification and accreditation identification numbers, a certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application, and authorization permitting HFPB and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted. The applicant also submitted their Community Benefits Plan Report. The applicants appear fit, willing and able and have the qualifications, background and character to adequately provide a proper standard of healthcare service for the community.

B. Criterion 1110.230(b) - Purpose of the Project

The criterion reads as follows:

The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.

The criterion requires that the applicant address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. The applicant is proposing the consolidation of three different sites the applicant currently utilizes to provide cancer treatment. The consolidation allows all of the cancer specialist to located in a single location where they can more easilty share their expertise and experience to provide the best possible outcomes to the hospital's cancer patient. The applicant will also be entering into a cooperative agreement with the University of Wisconsin, which will allow the applicant to be involved in research projects and have access to clinical trials for treatment which are not now available. This project will provide patients with improved access because they will no longer need to go to Chicago to receive cancer treatment because of the involvement of university medical centers.



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C. Criterion 1110.230(c) - Alternatives to the Proposed Project

The criterion reads as follows:

"The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

- 1) Alternative options shall be addressed. Examples of alternative options include:**
 - A) Proposing a project of greater or lesser scope and cost;**
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;**
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and**
 - D) Other considerations.**
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available."**

The applicant is proposing to consolidate three existing sites providing cancer treatment into one site. The applicant states that they considered four fundamental alternatives.

1. Consolidating the oncology services on the existing campus:

The applicant rejected this alternative because the existing facilities could not house all of the oncology services in one location without major renovation. The applicant estimates the cost of this alternative to be \$90 million.



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2. Constructing a free standing facility adjacent to Swedish American Hospital:

The applicant rejected this alternative because it could not be accomplished in a reasonable time frame. The applicants estimated that they would need to acquire 12 acres of land and would have to approach numerous landowners to purchase the property. The applicants also noted that would discussing this alternative with the city that the city did not believe it could be accomplished without the city's assistance through eminent domain. Because of the wide disparity in the prices of the property no estimate of the cost could be made.

3. Construct a freestanding building in downtown Rockford:

This alternative would allow the applicant to take advantage of the financial incentives from the city of Rockford. The applicant rejected this alternative because the building on the site has been designated an historical landmark that would require at least 6 months for approval for the demolition of the building with no guarantee that approval of the demolition would be approved. In addition the city would have to approve major road and other reconstruction leading to the site that would take a minimum of 2 years to complete. Finally several of the financial incentives from the city were contingent on federal and state dollars that might not be forthcoming.

4. Construct a freestanding bulding on other land at Loves Park

The applicants rejected this alternative because of concerns with the developers ability to put in place the necessary roads, utilities, and other infrastructure within the applicants timeframe.

The applicant did not provide a cost benefit analysis as required.

VIII. 1110.234 - Project Scope and Size, Utilization and Unfinished/Shell Space Criteria

A) Criterion 1110.234 (a) - Size of Project

The Criterion states:



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"The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix B, unless the additional GSF can be justified by documenting one of the following:

- 1) Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
- 2) The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
- 3) The project involves the conversion of existing bed space that results in excess square footage."

Size

The applicant is proposing **medical oncology** (17 private treatment rooms, 33 treatment stations and 24 exam rooms) in 26,931 GSF of space. The State Board does not have standards for this department. **Radiation oncology** will house 2 linear accelerators and a brachytherapy room in 12,432 GSF of space. The radiation oncology department also includes 7 offices and 6 exam rooms. The **medical imaging department** will house a general X-ray and a Pet/CT/Simulator, a hot lab and support space in 3,475 GSF of space. A **pharmacy** will also be located in the building in 1,575 GSF of space. A **laboratory** will be located in the building and will provide laboratory testing and blood drawing in 1,866 GSF of space.

According to the applicants the size of the departments was based upon benchmarking data, reviews of professional journals, discussion with current department leadership and current trends and practices in the industry. The applicants state the size of the departments is needed to accommodate direct operational support (such as storage, central supply, and clean soiled laundry) and waiting area space. The applicants exceed the size standard for the departments listed below. As can be seen by Table Five above the applicant does not meet the requirements of this criterion.



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TABLE FIVE GSF Space				
Department/Area	Proposed GSF	State Standard	Difference	Met Standard
Medical Imaging (X-Ray, PT/CT Scanner)	3,475	3,100	365	No
Radiation Oncology	12,432	4,800	7,632	No
Medical Oncology	26,931	NA	NA	NA

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE SIZE OF PROJECT CRITERION (77 IAC 1110.234(a)).

B) Criterion 1110.234 (b) - Project Services Utilization

The criterion states:

"This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has not established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100. The applicant shall document that, in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in Appendix B."

The applicant provided historical utilization data to justify the two linear accelerators. Currently the applicant performed 8,646 procedures over the last 12 months that will justify the 2 linear accelerators being proposed (8,646 procedures/7,000 procedures= 2 linear accelerators). The applicant is also proposing a PT/CT scanner which also be used as a simulator. The projected use of the PET scanner was provided based upon historical growth. The simulator and CT scanner were justified based upon unique cancer patient encounters and projected to the second year after project completion. If the projected numbers materialize the applicant can justify the PET/CT scanner. The medical oncology volumes was based upon professional service days. The State Board does not have utilization standards for this department.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS



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TO BE IN CONFORMANCE WITH THE PROJECT SERVICES UTILIZATION CRITERION (77 IAC 1110.234(b)).

C) Criterion 1110.234 (c) - Unfinished or Shell Space

This criterion applies to those projects that result in unfinished or shell space, which does not pertain to this project.

X. Section 1110.3030 – Clinical Service Areas Other Than Categories of Service

B) Need Determination – Establishment

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to the Planning Area Residents

A) Either:

- i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or**
- ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to residents of the service area; and**

- B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.**

2) Service Demand



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To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum two-year historical and two-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

3) Impact of the Proposed Project on Other Area Providers



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The applicant shall document that, within 24 months after project completion, the proposed project will not:

- A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.**
- B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.**

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

The applicant has defined their service area for oncology as a 16 county area with a combined total population of approximately 800,000. The applicant estimates that 70% of the population will come from within the planning area. The applicant based the demand for centralized cancer services on historical utilization of the facility, the projected growth in the incidence of cancer as the population ages, and the increase in referrals expected from the affiliation with the University of Wisconsin. The applicant does not expect an impact on other area providers because of the increase incidence of cancer in an aging population, the return of service are of patients now being treated by the University of Wisconsin, and a return to the service area or patients now being referred to academic medical centers in Chicago and the surrounding areas in HSA VI and HAS VII. There appears to be sufficient demand for the services being proposed based upon the information provided by the applicant.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SERVICE MODERNIZATION CRITERION (77 IAC 1110.234(c)).



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XI. Section 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable:

- a) **Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:**
 - 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
 - 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
- b) **Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. Provide a list of confirmed pledges from major donors (over \$100,000);**
- c) **Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;**
- d) **Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:**
 - 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;



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- 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
- 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
- 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
- e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
- f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
- g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.

The applicants have an A bond rating and have provided audited financial statements. See pages 79-86 of the application for permit for the bond ratings. The applicants have met the requirements of this criterion.

XII. 77 IAC 1120.130 - Financial Viability

- a) **Financial Viability Waiver**
The applicant is NOT required to submit financial viability ratios if:
 - 1) all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or



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HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.

- 2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA), or its equivalent; or

HFSRB NOTE: MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.

- 3) the applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.

b) Viability Ratios

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards. The latest three years' audited financial statements shall consist of:

- 1) Balance sheet;
- 2) Revenues and expenses statement;
- 3) Changes in fund balance; and



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4) Changes in financial position.

HFSRB NOTE: To develop the above ratios, facilities shall use and submit audited financial statements. If audited financial statements are not available, the applicant shall use and submit Federal Internal Revenue Service tax returns or the Federal Internal Revenue Service 990 report with accompanying schedules. If the project involves the establishment of a new facility and/or the applicant is a new entity, supporting schedules to support the numbers shall be provided documenting how the numbers have been compiled or projected.

c) Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

The applicants have an A bond rating and have provided audited financial statements. See pages 79-86 of the application for permit for the bond ratings. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE FINANCIAL VIABILITY CRITERION (77 IAC 1125.110).

XIII. Review Criteria - Economic Feasibility

A. Criterion 1110.140 - Reasonableness of Financing Arrangements

The criterion states:

"This criterion is not applicable if the applicant has documented a bond rating of "A" or better pursuant to Section 1120.210. An applicant that has not documented a bond rating of "A" or better must document that the project and related costs will be:

- 1) funded in total with cash and equivalents including investment securities, unrestricted funds, and funded depreciation as currently defined by the Medicare regulations (42 USC 1395); or**



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- 2) funded in total or in part by borrowing because:
 - A) a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times;
 - B) or borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60 day period. The applicant must submit a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to compliance with this requirement.
 - C) The project is classified as a Class B project. The co-applicants do not have a bond rating of "A". No capital costs, except fair market value of leased space and used equipment, are being incurred by the co-applicants."

The applicants have an A bond rating and have provided audited financial statements. See pages 79-86 of the application for permit for the bond ratings. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE REASONABLENESS OF FINANCING CRITERION (77 IAC 1120.140(a)).

B. Criterion 1120.140(b) - Conditions of Debt Financing

This criterion states:

"The applicant must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicant must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or purchasing new equipment. Certification of compliance with the requirements of this criterion must be in the form of a



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notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicant entity."

The applicants have an A bond rating and have provided audited financial statements. The applicants have also provided the necessary attestation as required by this criterion. See pages 79-86 of the application for permit for the bond ratings. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE TERMS OF DEBT FINANCING CRITERION (77 IAC 1125.800).

C. Criterion 1120.140(c) - Reasonableness of Project Cost

The criteria states:

"1) Construction and Modernization Costs

Construction and modernization costs per square foot for non-hospital based ambulatory surgical treatment centers and for facilities for the developmentally disabled, and for chronic renal dialysis treatment centers projects shall not exceed the standards detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. For all other projects, construction and modernization costs per square foot shall not exceed the adjusted (for inflation, location, economies of scale and mix of service) third quartile as provided for in the Means Building Construction Cost Data publication unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

2) Contingencies

Contingencies (stated as a percentage of construction costs for the stage of architectural development) shall not exceed the standards



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detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. Contingencies shall be for construction or modernization only and shall be included in the cost per square foot calculation.

BOARD NOTE: If, subsequent to permit issuance, contingencies are proposed to be used for other line item costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by the State Board prior to such use.

3) **Architectural Fees**

Architectural fees shall not exceed the fee schedule standards detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

4) **Major Medical and Movable Equipment**

A) For each piece of major medical equipment, the applicants must certify that the lowest net cost available has been selected, or if not selected, that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

B) Total movable equipment costs shall not exceed the standards for equipment as detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

5) **Other Project and Related Costs**

The applicants must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed."

The State Agency notes only the clinical costs will be reviewed against the established standards in Part 1120. The State Agency calculated the State Board New Construction Standard using the third quartile of 2012 RS Means data adjusted for complexity by department/function. This



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number was then inflated by 3.3% per year until the Midpoint of construction.

Cost Figure (From Cost Works)	210
Mix Adjustment	1
Size Adjustment	1
Inflation	3.30%
Mid point of construction	2
Number of Years to inflate	1.25
Adjusted Costs	\$218.70
Modernization 70%	\$153.09

Preplanning - These costs total \$192,920 and are less than 1% of modernization contingencies and equipment costs. This appears reasonable when compared to the State Board Standard of 1.8%.

Site Survey and Soil Investigation and Site Preparation - These costs total \$886,340 are 4.99% which appear reasonable when compare to the State Board Standard of 5%.

New Construction and Contingencies - These costs total \$17,750,459 or \$383.63 per GSF. This appears **HIGH** when compared to the adjusted State standard of \$293.07 per GSF.

Contingencies - These costs total \$1,612,950 or 9.99% of construction costs. This appears reasonable compared to the State standard of 10%-15%.

Architectural and Engineering Fees - These costs total \$1,335,880 or 7.53% of construction and contingencies. This appears reasonable compared to the State standard of 5.76-8.66%

Consulting or Other Fees - These costs total \$473,200. The State Board does not have standards for this cost.

Equipment - These costs total \$7,537,000. The State Board does not have fro these costs.



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Bond Issuance Expense – These costs total \$602,493. The State Board does not have a standard for these costs.

Interest Expense during Construction – These costs total \$1,186,158. The State Board does not have a standard for these costs.

Other Costs to be Capitalized – These costs total \$218,400. The State Board does not have a standard for these costs.

FMV of Leased Space or Equipment – These costs total \$166,920. The State Board does not have a standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COST CRITERION (77 IAC 1120.140(c)).

D. Criterion 1120.140(d) - Projected Operating Costs

The criterion states:

“The applicant must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct costs mean the fully allocated costs of salaries, benefits, and supplies for the service.”

The applicants project \$1587.96 192of annual operating costs per equivalent patient day for the first year of operation. The State Board does not have a standard for this cost.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECTED OPERATING COSTS CRITERION (77 IAC 1120.140(d)).

E. Criterion 1120.140(e) - Total Effect of the Project on Capital Costs



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The criterion states:

“The applicant must provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.”

The applicants project \$192.99 per adjusted patient day in annual capital costs for the first year of operation.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1120.140(e)).

<u>Ownership, Management and General Information</u>			<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Kathleen Kelly, MD		White	82.5%	Hispanic or Latino:	7.2%
ADMINSTRATOR PHONE	815-489-4007		Black	14.1%	Not Hispanic or Latino:	91.0%
OWNERSHIP:	SwedishAmerican Hospital		American Indian	0.0%	Unknown:	1.8%
OPERATOR:	SwedishAmerican Hospital		Asian	1.0%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R		Hawaiian/ Pacific	0.0%	IDPH Number:	2725
CERTIFICATION:			Unknown:	2.3%	HPA	B-01
FACILITY DESIGNATION:					HSA	1
ADDRESS	1401 E State Street	CITY: Rockford	COUNTY:	Winnebago County		

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2010	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2010	Staff Bed Occupancy Rate %
Medical/Surgical	209	209	182	11,992	50,588	1,334	4.3	142.3	68.1	68.1
0-14 Years				0	0					
15-44 Years				2,165	7,903					
45-64 Years				4,299	17,626					
65-74 Years				2,409	10,004					
75 Years +				3,119	15,055					
Pediatric	28	14	14	498	1,283	82	2.7	3.7	13.4	26.7
Intensive Care	30	30	30	1,867	8,123	7	4.4	22.3	74.2	74.2
Direct Admission				500	2,175					
Transfers				1,367	5,948					
Obstetric/Gynecology	34	33	33	3,237	8,211	17	2.5	22.5	66.3	68.3
Maternity				2,774	7,185					
Clean Gynecology				463	1,026					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	32	32	25	1,078	6,493	0	6.0	17.8	55.6	55.6
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	333			17,305	74,698	1,440	4.4	208.6	62.642	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	41.6%	25.3%	0.6%	24.3%	5.2%	3.1%	17,305
	7191	4372	111	4204	894	533	
Outpatients	27.6%	24.3%	0.9%	33.5%	10.6%	3.2%	179,241
	49477	43497	1553	59968	19078	5668	
Financial Year Reported: 6/1/2009 to 5/31/2010 Inpatient and Outpatient Net Revenue by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	41.1%	21.4%	1.0%	35.8%	0.8%	100.0%	
	68,442,051	35,719,853	1,592,067	59,566,406	1,252,726	166,573,103	4,325,580
Outpatient Revenue (\$)	16.0%	7.6%	0.5%	62.7%	13.2%	100.0%	
	18,874,744	8,994,494	641,159	74,158,738	15,633,853	118,302,988	3,916,556

Total Charity
Care Expense
8,242,136

Totals: Charity
Care as % of
Net Revenue
2.9%

Birthing Data			Newborn Nursery Utilization			Organ Transplantation		
Number of Total Births:	2,495	Level 1 Patient Days	4,222	Kidney:	0			
Number of Live Births:	2,485	Level 2 Patient Days	0	Heart:	0			
Birthing Rooms:	0	Level 2+ Patient Days	2,145	Lung:	0			
Labor Rooms:	0	Total Nursery Patientdays	6,367	Heart/Lung:	0			
Delivery Rooms:	0			Pancreas:	0			
Labor-Delivery-Recovery Rooms:	9			Liver:	0			
Labor-Delivery-Recovery-Postpartum Rooms:	0	Inpatient Studies	381,184	Total:	0			
C-Section Rooms:	2	Outpatient Studies	759,501					
CSections Performed:	792	Studies Performed Under Contract	149,934					

* Note: Radiation section includes treatments and not courses of treatments.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	219	9	1046	22	1068	4.8	2.4
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	940	1991	1670	2228	3898	1.8	1.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	279	58	777	87	864	2.8	1.5
OB/Gynecology	0	0	0	0	513	973	1063	927	1990	2.1	1.0
Oral/Maxillofacial	0	0	0	0	4	54	8	98	106	2.0	1.8
Ophthalmology	0	0	0	0	2	2	7	3	10	3.5	1.5
Orthopedic	0	0	1	1	1044	962	2466	1317	3783	2.4	1.4
Otolaryngology	0	0	0	0	55	685	99	749	848	1.8	1.1
Plastic Surgery	0	0	0	0	36	245	113	272	385	3.1	1.1
Podiatry	0	0	0	0	41	165	58	211	269	1.4	1.3
Thoracic	0	0	0	0	56	5	178	9	187	3.2	1.8
Urology	0	0	1	1	303	670	202	584	786	0.7	0.9
Totals	0	0	13	13	3492	5819	7687	6507	14194	2.2	1.1
SURGICAL RECOVERY STATIONS			Stage 1 Recovery Stations		17		Stage 2 Recovery Stations		21		

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	4
Cath Labs used for Angiography procedures	4
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1 Not Applicable
Operating Rooms Dedicated for Trauma Care	Level 2 Adult
Number of Trauma Visits:	0
Patients Admitted from Trauma	12,383
Emergency Service Type:	2,177
Number of Emergency Room Stations	Comprehensive
Persons Treated by Emergency Services:	36
Patients Admitted from Emergency:	46,750
Total ED Visits (Emergency+Trauma):	7,939
	59,133

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	2,770
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,851
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	824
EP Catheterizations (15+)	95

Cardiac Surgery Data

Total Cardiac Surgery Cases:	190
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	190
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	142

Outpatient Service Data

Total Outpatient Visits	674,895
Outpatient Visits at the Hospital/ Campus:	232,281
Outpatient Visits Offsite/off campus	442,614

Diagnostic/Interventional Equipment**Examinations****Radiation Equipment****Therapie:**

	Own	Contract	Inpatient	Outpt	Contract		Owned	Contract	Treatments
General Radiography/Fluoroscopy	18	0	26,221	41,382	0	Lithotripsy	0	1	122
Nuclear Medicine	3	0	3,426	7,149	0	Linear Accelerator	2	0	8,568
Mammography	7	0	15	21,588	0	Image Guided Rad Therapy	0	0	0
Ultrasound	14	2	8,068	24,439	0	Intensity Modulated Rad Thrpy	0	0	1741
Angiography	4	0				High Dose Brachytherapy	1	0	295
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	46	336	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	9,999	27,069	0				
Magnetic Resonance Imaging	0	2	2,277	8,971	0				

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